A Rapid stART Jurisdiction-Wide Approach in the Pursuit of Ending the HIV Epidemic

Presented By:

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Disclosure



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Presenters





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Learning Objectives



- Engage all HIV service providers in implementing a jurisdiction-wide Rapid stART protocol.
- Demonstrate how to utilize Learning Collaborative methodologies to plan, implement and sustain Rapid stART.
- Utilize capacity building and quality improvement to expand jurisdiction-wide Rapid stART initiatives.

Agenda



- History & Overview
- Rapid stART Service Continuum
- Collaborative Learning Model
- Summary of Activities
- Successes & Challenges
- Rapid stART Data Entry & Reporting
- Performance Measures, Capacity Building and Quality Improvement
- Sustainability
- Lessons Learned
- Questions and Feedback

Building Trust Among Stakeholders



- 2018 Rapid stART Initiative Introduction
- February 2019 RWPA invited to be part of the UCSF SPNS project application
- July 2019 Conducted community meetings
- August 2019 UCSF awarded SPNS project
- November 2019 LC Planning Group was assembled
- March 2020 RWPA awarded EtHE funding

- June 2020 First Design Meeting
- August-September 2020 Learning Collaborative agency recruitment
- October 2020 finalized Southern NV Rapid stART Learning Collaborative Charter
- November 2020 Learning Session 1
- November 2020 March 2021
 Agency Action Period 1
- February 2021 Dedicated Rapid stART Coordinator Onboarded

Southern Nevada Rapid stART Learning Collaborative



Leadership

- Clark County Social Service, Office of HIV, Ryan White Part A Recipient
- Pacific AIDS Education & Training Center Nevada (PAETC-NV)
- University of California San Francisco (UCSF)

Community/Service Based Organizations

- Access to Healthcare Network
- Carson City Health & Human Services
- Dignity Health Neighborhood Hospital Wellness Center
- FirstMed Health & Wellness Center
- Huntridge Family Clinic
- Southern Nevada Health District (SNHD) Annex A/Sexual Health Clinic
- Southern Nevada Health District (SNHD) Community Health Center
- Trac-B Exchange
- University Medical Center (UMC) Wellness Center

Las Vegas Background & Priority Areas



Background:

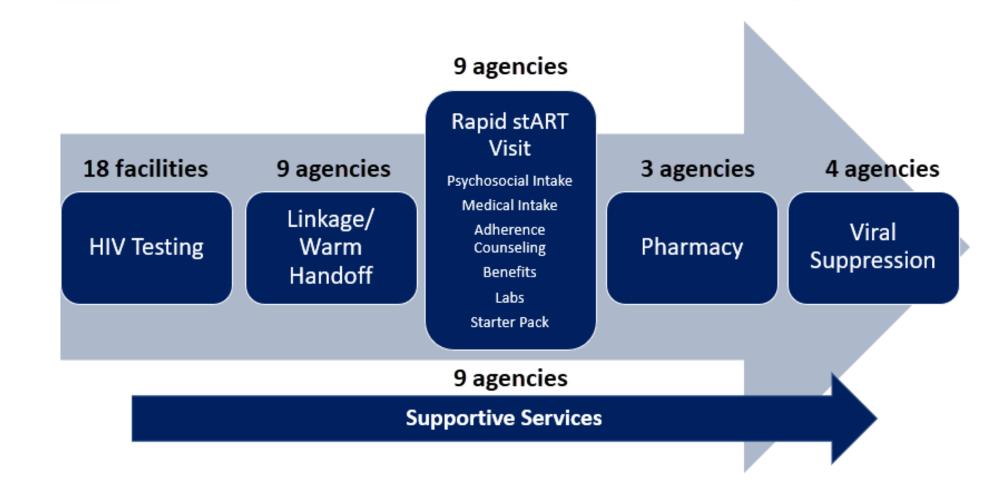
- Las Vegas had three rapid linkage and ART programs offered to persons newly diagnosed with (HIV Rapid stART) when the Southern Nevada Rapid stART Learning Collaborative was formed.
 - University Medical Center initiated in 2018
 - Southern Nevada Community Health Center initiated in 2019
 - Huntridge Family Clinic initiated in 2018

Goal:

 Increase and improve access to Rapid stART initiation for persons newly diagnosed with HIV in Southern Nevada

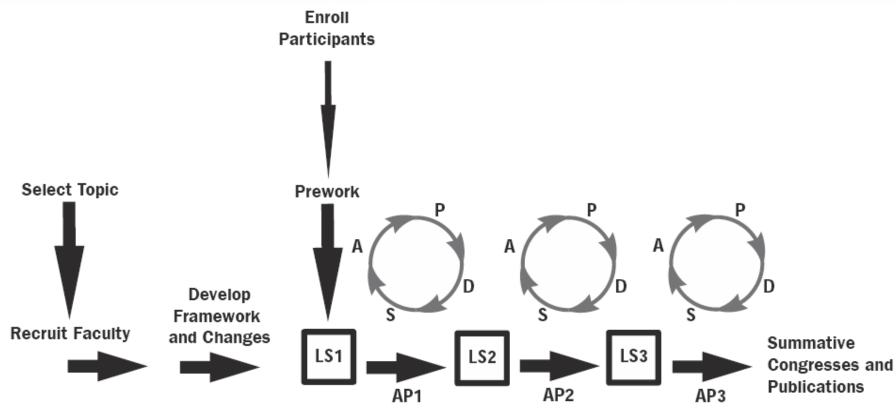
Southern Nevada Rapid stART Service Continuum





IHI Collaborative Learning Model





LS1: Learning Session AP: Action Period P-D-S-A: Plan-Do-Study-Act

Supports:

Email • Visits • Phone Conferences • Monthy Team Reports • Assessments

Summary of Activities to Date



- Six Learning Sessions to date
- Weekly Leadership Meetings
- Bi-weekly Data/Performance Measures Team Meeting
- Monthly Planning Team Meeting
- Monthly TA Webinar/Call
 - 12 Webinars to date
- Agency 1:1 TA with Coordinator/Coach
- Collaborations among agencies

Successes



- Learning Session 6 In-person: July 14th, 2022
 - 15 agencies, average of 60 participants during the two-day event
- Expansion of Rapid ART providers from 3 to 9
 - On-boarding of a Non-RWHAP Provider
- TA Sessions an Inter-Agency Collaborations
 - 147 TA Sessions (3/1/2021 7/31/2022)
- Range of PDSA cycles implemented and development of process maps
- Structure to document outcomes through development of CAREWare Rapid stART Module
- Jurisdiction-wide engagement, buy-in and collaboration leading to system level change

Challenges



- Impact of COVID
- Virtual Setting: hinders networking
- Helping agencies identify where their services fit in the Rapid services continuum
- Agency engagement and retention due to lack of time commitment and competing priorities
- Consistent participation and engagement of non-Ryan White providers
- Agency staff turnover
- Purchasing department barriers

Resources to Support Intervention: Rapid stART Module (CAREWare)



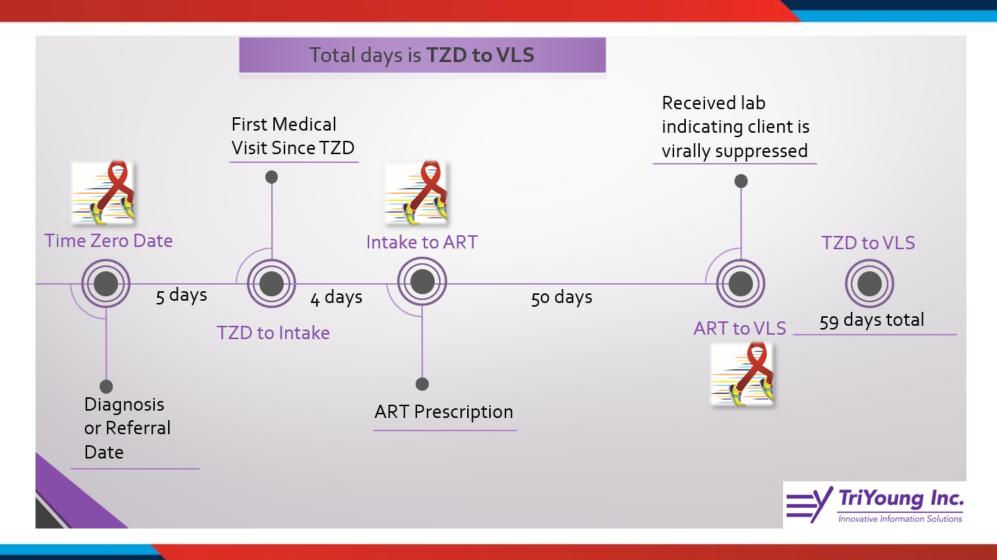
- Connected directly and entered within CAREWare
 - RWISE Viewer
- Uses the data that is required for RSR reporting
- Looking at clinical services and data*

*Data Required

- Demographics
- HIV Diagnoses date
- Referral Date
 - Indicates when clinic became aware of client
- Medical Visits
- Viral Load Lab Results
- ART Medication
 - Starter Packs and Prescriptions

Client Journey





Rapid StART Performance Measures (PMs)*



- PM 1: Linkage to HIV Medical Care
 - Within 7 days
- PM 2: Initiation of ART
 - Within 7 days
- PM 3: Median Days to Initiation of ART
- PM 4: Viral Load Suppression
- PM 5: Retention in Care

Clark County Rapid stART Clinical Quality Measurement



Date Range Start Date: 06/01/20 End Date: 05/31/20			i i					
TZD To Intake Threshold: 7 Intake To ART Threshold: 7 Retention in Care Threshold: 90 ART To VLS Threshold: 60		1	→ 2. Thresholds for each variable 4. Not meeting PM					
Run		3.	3. Total clients					
	Measure	In Nur	merator	Not In Numerator	Percent In Numerator			
Select	VIEW ALL	63		N/A	N/A			
Select	Linkage to HIV Medical Care	34		29	53.97%			
Select	Initiation of ART	53		10	84.13%			
Select	Retention In Care	26		37	41.27%			
Select	Viral Load Supression	31		32	49.21%			
Select	Exclusions	2		N/A	N/A			

Clark County Rapid stART Clinical Quality Management Tool



Data Entry/Import by Date: June 10th										
Data Review: June 15 to June 30										
Data Reporting Date: July 10th										
Report Date:										
Report Done By:										
Reporting Period: 6/1/2021 to 5/	EHE Goal: 90%									
Mangura	In Normanatan	Not la Numeratar	% In Numerator	% Difference vs. Baseline	% Difference vs. EHE Goal	Baseline				
Measure	In Numerator	Not In Numerator				***				
View All	63	N/A	N/A	N/A	N/A	N/A				
Performance Measure 1 (PM1): Linkage to Medical Care	34	29	53.97%	187.84%	36.03%	18.75%				
Performance Measure 2 (PM2): Initiation of ART	53	10	84.13%	36.89%	5.87%	61.46%				
Performance Measure 5 (PM5): Retention In Care	26	37	41.27%	-39.97%	48.73%	68.75%				
Performance Measure 4 (PM4): Viral Load Suppression	31	32	49.21%	-23.80%	40.79%	64.58%				
Exclusions	2	N/A	N/A	N/A	N/A	N/A				
Performance Measure 3 (PM3): Median Intake to ART*	0	N/A	N/A	N/A	N/A	N/A				

Planning for Sustainability



- Building infrastructure for the Rapid stART Jurisdiction
 - Rapid stART Module reporting tool for Rapid stART performance measures
 - Increasing testing sites within UMC
 Quick Cares/Primary Cares and with new state legislation that passed in 2021
- Creating a community-wide plan
 - Rapid stART Response Team
 - Request for Proposals
 - Manual
 - Marketing

- Pacific AETC-NV
 - Ongoing TA webinars/calls
- Integrating Rapid stART within existing:
 - Action Planning Group (APG): monthly meeting w/service delivery staff
 - Service Standards Review and Update
 - Planning Council
 - Quality Management Committee
- Senior Leadership Commitment
 - Presence, active involvement, buy in and engagement

Recipe for Learning Collaborative Success in Jurisdiction



- Transparency
- Nurturing a safe sharing space to learn together
- Consistent and timely communication
- Supporting opportunities to collaborate
- Planning TA around agency deliverables and needs
- Providing creative/innovative solutions to barriers
- Partnering with colleagues to provide TA
- Creating helpful tutorial videos as supplements to TA
- Cultivating relationships with agency partners
- Creating helpful materials to supplement TAs

Rapid stART Response Team



- Multidisciplinary team
 - Positions/Contractors at the minimum: Nurse Navigator, Health Educator, Community Health Worker, Pharmacist, Provider Liaison, Provider (PA, MD or NP)
 - Community Partners/Advisory Group: Wrap around service providers, Ryan White recipients and sub-recipients, non-traditional providers, NV State Board of Pharmacy
- Dedicated toll-free number to access the Rapid stART Response Team
- Drives community-wide Rapid stART Initiative
- Responds to newly diagnosed/re-engaged Rapid stART clients referred by community providers
- Link newly diagnosed/re-engaged Rapid stART clients to HIV medical and wrap around service providers
- Engage HIV medical, wrap around service providers, and new providers who want to be part
 of the community-wide Rapid stART initiative

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Thank you!





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Questions and Feedback